

Please type a plus sign (+) inside this box ☐

Approved for use through 12/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MAY 09 2001

**CHANGE OF  
CORRESPONDENCE ADDRESS  
Application**

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number

09/713,088

Filing Date

11/15/2000

First Named Inventor

Loy David Sullivan

Group Art Unit

3726

Examiner Name

Attorney Docket Number

4534.001

Please change the Correspondence Address for the above-identified application

to:



Customer Number

27324

Type Customer Number here



OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :



Applicant/Inventor.



Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).



Attorney or Agent of record.



Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed  
Name

MARK D. BOWEN

Signature

Mark D. Bowen

Date

5/7/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.